

# Supplemental Questionnaire

## Deputy Treasurer Customer Service Representative

This document must be completed and submitted with your application for you to be considered for this position.

**Specifically** list the **years or months** *experience* in the following:

**(All responses must relate to the information on your resume and application)**

Clerical Experience Yes\_\_\_\_ No\_\_\_\_ Years\_\_\_\_ Months\_\_\_\_

Customer Service Experience Yes\_\_\_\_ No\_\_\_\_ Years\_\_\_\_ Months\_\_\_\_

Cash/credit experience Yes\_\_\_\_ No\_\_\_\_

- Explain your experience in cashiering/accounting:

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Dealing with Unhappy or Difficult Customers/Clients Yes\_\_\_\_ No\_\_\_\_

- Explain:

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Microsoft Word Yes\_\_\_\_ No\_\_\_\_ Years\_\_\_\_ Months\_\_\_\_

Excel Yes\_\_\_\_ No\_\_\_\_ Years\_\_\_\_ Months\_\_\_\_

Access Yes\_\_\_\_ No\_\_\_\_ Years\_\_\_\_ Months\_\_\_\_

Cashiering/Accounting Software Yes \_\_\_\_ No\_\_\_\_ Years\_\_\_\_ Months\_\_\_\_

*Name of Cashiering/Accounting Software* \_\_\_\_\_

10-key Experience Yes \_\_\_\_No \_\_\_\_